7. Home Health Services (Continued)

7.d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitative facility.

Services under this item are limited to physical therapy when provided by a home health agency and prescribed by a physician. Effective for dates of service on or after December 1, 1997, prior authorization is required for physical therapy for Medicaid recipients under the age of 21. Effective for dates of service on or after **October 1, 1999**, individual and group physical therapy are limited to four (4) units per day. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limits will be provided if medically necessary for eligible Medicaid recipients under age 21.

8. Private Duty Nursing Services

Services are covered only for ventilator-dependent recipients when determined medically necessary and prescribed by a physician. Services are provided in the recipient's home, a Division of Developmental Disabilities (DDS) community provider facility or a public school. (Home does not include an institution.) Prior authorization is required. Private duty nursing medical supplies are limited to a maximum reimbursement of $80.00 per month, per recipient. With substantiation, the maximum reimbursement may be extended.

Refer to Attachment 3.1-A, Item 4.b.(5) for information on coverage of private duty nursing services for high technology non-ventilator dependent recipients in the Child Health Services (EPSDT) Program.

9. Clinic Services

(1) Developmental Day Treatment Clinic Services (DDTCS)

Limited to comprehensive day treatment centers offering the following scope of services:

a. Diagnosis and evaluation

b. Habilitative training

c. Provision of noon meal

Core services are provided at three separate levels of care:

a. Early Intervention - 1 encounter per day; ages birth to school age.

b. Pre-School - 5 units per day, 1 hour each; ages birth to school age.

c. Adult Development - 5 units per day, 1 hour each; ages 18 or above.

Optional Services available through DDTCS in conjunction with core services are as follows:

a. Physical therapy - Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.

b Speech therapy - Services must be referred by a physician and provided by or under the supervision of a qualified speech pathologist.

c. Occupational therapy - Services must be prescribed by a physician and provided by or under the supervision of a qualified occupational therapist.

Effective for dates of service on or after December 1, 1997, prior authorization is required for physical, speech and occupational therapy for Medicaid recipients under age 21.

Effective for dates of services on or after **October 1, 1999**, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limits will be provided if medically necessary for eligible Medicaid recipients under age 21.

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SUPERSEDES: TN - 98-22

9. Clinic Services (Continued)

(2) Family Planning Clinic Services

Services limited to family planning, reproductive health services and supplies.

(3) Maternity Clinic Services

Limited to antepartum and postpartum services.

(4) Ambulatory Surgical Center Services

Ambulatory surgical center facility services are limited to those services furnished in connection with or directly related to a surgical procedure covered by the Medicaid agency.

(5) **End-Stage Renal Disease (ESRD) Facility Services**

Services include outpatient hemodialysis and peritoneal dialysis treatment in a Title XVIII certified ESRD facility. Recipients in the Child Health Services (EPSDT) Program are not benefit limited.

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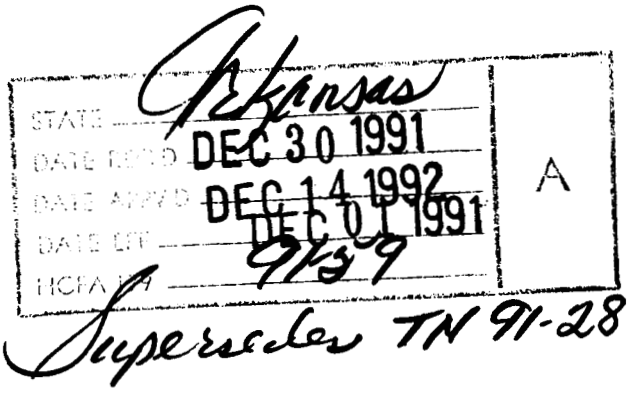
10. Dental Services

Refer to Attachment 3.1-A, Item 4.b. (16).



11. Physical Therapy and Related Services

A. Occupational, Physical and Speech Therapy

1. Refer to Attachment 3.1-A, Item 4.b. (15) for therapy services for recipients under age 21.

2. For recipients over age 21, effective for dates of services on or after **October 1, 1999**, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes.

B. Speech Therapy

Augmentative Communication Device (ACD) Evaluation - Effective for dates of service on or after September 1, 1999, Augmentative Communication Device (ACD) evaluation is covered for eligible Medicaid recipients of all ages. One ACD evaluation may be performed every three years based on medical necessity. The benefit limit may be extended for individuals under age 21.

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist

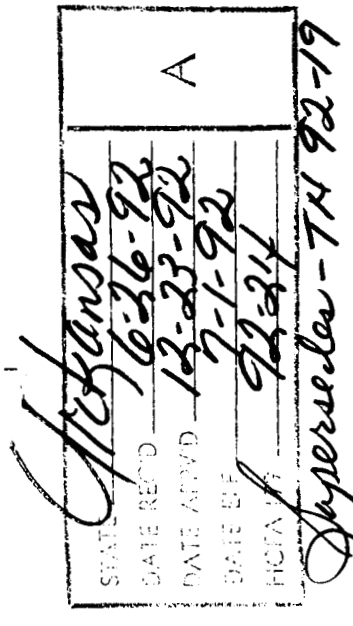
a. Prescribed Drugs

(1) **Each recipient age 21 or older may have up to six (6) prescriptions each month under the program. The first three prescriptions do not require prior authorization. The three additional prescriptions must be prior authorized. Family Planning and EPSDT prescriptions do not count against the prescription limit.**

(2) The following categories of drugs are not covered:

a. agents used for weight reduction
b. agents used to promote fertility
c. agents used for cosmetic purposes or hair growth
d. agents used to promote smoking cessation
e. vitamin and mineral products, except prenatal vitamins and fluoride preparations
f. DESI drugs or less than effective drugs as designated by the FDA
g. barbiturates, except phenobarbital
h. sedatives and hypnotics in the benzodiazepine category
i. compounded prescriptions (mixtures of two or more ingredients)
j. as of February 1, 1992, cough and cold medications for recipients age 21 and older

(3) The State will reimburse only for the drugs of pharmaceutical manufacturers who have entered into and have in effect a rebate agreement in compliance with Section 1927 of the Social Security Act, unless the exceptions in Section 1902(a)(54), 1927(a)(3) or 1927(d) apply. The State permits coverage of participating manufactuers' drugs, even though it may be using a formulary or other restrictions. The State will cover new drugs of participating manufacturers (except excluded/restricted drugs) for six months after Food and Drug Administration approval and upon notification by the manufacturer of a new drug. Any prior authorization program instituted after July 1, 1991 will provide for a 24 hour turnaround from receipt by mail of the request for prior authorization. The prior authorization program also provides for at least a 72 hour supply of drugs in emergency situations.



12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (continued)

a. Prescribed Drugs (continued)

(4) When a pharmacist receives a prescription for a brand or trade name drug, and he dispenses an innovator multisource drug that is subject to the Federal Upper Limits (FULs), the innovator multisource drug must be priced at or below the FUL or the prescription hand annotated by the prescriber "Brand Medically Necessary". Only innovator multisource drugs that are subject to the Federal Upper Limit at 42 CFR 447.332(a) and dispensed on or after July 1, 1991, are subject to the provisions of Section 1927(e) of the Social Security Act.

For drugs listed on the Arkansas Medicaid Generic Upper Limit List, the upper limit price will not apply if the prescribing physician certifies in writing on the face of the prescription that a brand name drug is medically necessary.

The Arkansas Medicaid Generic Upper Limit List is comprised of State generic upper limits on specific multisource drug products and HCFA identified generic upper limits on multisource drug products.

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12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

b. Dentures

Refer to Attachment 3.1-A, Item 4.b. (7) for coverage of dentures for Child Health Services (EPSDT) recipients.

c. Prosthetic Devices

(1) Eye Prostheses - Refer to Attachment 3.1-A, Item 4.b. (11).

(2) Hearing Aids, Accessories and Repairs - Refer to Attachment 3.1-A, Item 4.b. (10).

(3) Pacemakers and internal surgical prostheses when supported by invoice.

(4) a. Parenteral hyperalimentation services, including fluids, supplies and equipment, when provided in the recipient's home. Home does include a nursing facility (NF) and intermediate care facility for the mentally retarded (ICF-MR). Service requires prior authorization.

b. Enteral nutrition services, including fluids, supplies and equipment, when provided in the recipient's home. Home does not include a nursing facility (NF) or intermediate care facility for the mentally retarded (ICF-MR) because this service is included and reimbursed as an NF and ICF-MR benefit as described in Attachment 3.1-A, Item 4.a.. Service requires prior authorization.

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12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

(5) Ventilator equipment (i.e., ventilator, suction pump, oxygen concentrator, liquid oxygen, liquid oxygen walker and reservoir, ventilator supplies and hospital bed) including 24-hour availability of respiratory therapy and equipment maintenance, with prior authorization.

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12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

c. Prosthetic Devices (Continued)

(6) Durable Medical Equipment (DME) - Services are covered in the recipient's home if prescribed by the recipient's physician as medically necessary. Some DME requires prior authorization. DME is limited to specific items. Specific DME is listed in Section III of the Prosthetics Provider Manual.

(7) Medical Supplies

Medical supplies are covered for eligible Medicaid recipients when determined medically necessary and prescribed by a physician. Services are provided in the recipient's home (Home does not include a long term care facility.) Supplies are limited to a maximum reimbursement of $250.00 per month, per recipient. As medical supplies are also provided to recipients through the Home Health Program, the maximum reimbursement of $250.00 per month may be provided through the Prosthetics Program, the Home Health Program or a combination of the two. However, a recipient may not receive more than $250.00 in supplies whether received through either of the two programs or a combination of the two unless an extension has been granted. Extensions will be considered for recipients under age 21 in the Child Health Services (EPSDT) Program if documentation verifies medical necessity. The provider must request an extension of the established benefit limit.

(8) Augmentative Communication Device

Services for recipients under age 21 are covered as a result of a Child Health Services (EPSDT) screening/referral. Services for recipients over age 21 are covered if prescribed by the recipient's physician as medically necessary. Prior authorization is required.

(9) Specialized Wheelchairs

Specialized Wheelchairs are provided for eligible recipients of all ages if prescribed by the recipient's physician as medically necessary. Prior authorization is required for some items. These items are listed in Section III of the Prosthetics Provider Manual.

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